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NEW MEXICO OIL CONSERVATION **RECEIVED**

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

30-005-61715 **NOV 22 1982**

O. C. D.

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. L-5347
7. Unit Agreement Name Campbell Station Unit
6. Farm or Lease Name Campbell Station Unit
9. Well No. 2
10. Field and Pool, or Wildcat Wildcat-San Andres
12. County Chaves

SUNDY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL C-101 FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Carl A. Schellinger ✓

3. Address of Operator
P.O. Box 447, Roswell, New Mexico 88201

4. Location of Well
UNIT LETTER M 660 FEET FROM THE South LINE AND 560 FEET FROM
THE West LINE, SECTION 34 TOWNSHIP 8 South RANGE 27 East NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3865 GR 3866.5 DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <u>Perforate and Test</u> ☒

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10/29/82 thru 11/4/82 Perforated @ 2020, 2021, 2025, 2026, 2027, 2028, 2029, 2032, 2034, 2035, 2036, 2037. Acidized 4000 gal. 20% NEFE acid. Swabbed and recovered load. Swab approximately 1 bbl. formation water per hour with very slight show of oil and gas. Prep to Plug and Abandon.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Larry L. Brooks TITLE Operator DATE November 18, 1982

APPROVED BY Geologist TITLE NMOC DIST. II DATE NOV 23 1982

CONDITIONS OF APPROVAL, IF ANY: